



UNITED STATES BANKRUPTCY COURT
DISTRICT OF HAWAII
1132 Bishop Street, Suite 250
Honolulu, Hawaii 96813

hib_3011-1 (12/09)

Debtor: Susan Margaret Anderson	Case No.: 05-02983
Joint Debtor: N/A (if any)	Chapter: 7
APPLICATION FOR UNCLAIMED FUNDS	
1. Claim Information Application is hereby made for disbursement of the following previously unclaimed funds on deposit with the court for the benefit of the claimant named below.	
Amount:	\$18,914.00
Claimant's Name:	Estate of Susan Margaret Anderson
Claimant's Address: (at time claim was made)	Deceased - Last Address: 68-099 Au St., #9 Waialua, Hawaii 96791 *Provide documentation that Claimant resided or did business at this address.
Claimant's Current Address: (if different from above)	Estate of Susan Margaret Anderson c/o John C. Urness 1011 Harlow Road, Suite #300 Springfield, OR 97477
Last 4 digits of Claimant's SSN or Complete EIN	6661 27-6872356
2. Applicant Information The applicant is:	
<input type="checkbox"/> The individual claimant named above. Photo identification is attached.	
<input type="checkbox"/> An individual authorized to act on behalf of the corporation, partnership, limited liability company, or other artificial entity named above. Documentation showing authority to make this application is attached.	
<input checked="" type="checkbox"/> The legal representative of the claimant named above. An original, notarized power of attorney is attached, or, if the claimant is deceased, a certified copy of a letter of administration or probated will is attached.	
<input type="checkbox"/> The successor in interest to the claimant named above. Documentation showing entitlement to the funds through amendment, merger, or dissolution is attached.	

3. Service on United States Attorney

The undersigned understands that a copy of this application and supporting documentation must be sent to the United States Attorney at the following address:

Office of the United States Attorney
District of Hawaii
300 Ala Moana Boulevard, Room 6100
Honolulu, HI 96850.

4. Declaration

The undersigned declares, under penalty of perjury, that the information contained in this application and any accompanying documentation is true and correct. I also understand that, pursuant to 18 U.S.C. § 152, I may be fined not more than \$250,000, or imprisoned not more than 5 years if I have knowingly and fraudulently made any false statements in this document or provided false documentation as part of this application.

10/14/2010
Date _____ Signature of Applicant _____ Randy K. Manwell
Printed Name of Applicant

Phone: _____ Address: 1445 Oak St., #5

Email: rkidmcnally@gmail.com San Francisco, CA 94117

5. Notarization

STATE OF California COUNTY OF San Francisco

This 2-page Application for Unclaimed Funds, dated 10/14/10, was subscribed and sworn to before me this OCT. 14 day of 20 10 by Randy K. Manwell who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.



Notary Public

My commission expires on: Jan. 13, 2011

This application may be filed with the court at the following address:

UNITED STATES BANKRUPTCY COURT
DISTRICT OF HAWAII
1132 Bishop Street, Suite 250
Honolulu, HI 96813.



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hib_3011-1 (12/09)

Debtor: Susan Margaret Anderson		Case No.: 05-02983
Joint Debtor: N/A (if any)		Chapter: 7
APPROVAL OF APPLICATION FOR UNCLAIMED FUNDS		
Name of Claimant: Estate of Susan Margaret Anderson		
Applicant's Name and Address: (Check will be sent to this address)	Randy K. Manwell, Claiming Successor c/o John C. Urness 1011 Harlow Road, Suite #300 Springfield, OR 97477	
VERIFICATION OF FUNDS ON DEPOSIT		
The court's financial records indicate that funds in the following amount are being held for the claimant named above: 11/16/10 Date		 \$ 18,914.00 Deputy Clerk
STATEMENT BY UNITED STATES ATTORNEY		
The undersigned is authorized to make this statement on behalf of the United States Attorney for the District of Hawaii. The United States Attorney has no objection to the payment of unclaimed funds to the applicant named above. 11/15/10 Date		
for the United States Attorney		Asst. U.S. Attorney Name and Title
ORDER APPROVING APPLICATION FOR UNCLAIMED FUNDS		
For good cause, IT IS HEREBY ORDERED that the application for unclaimed funds is APPROVED. The clerk may disburse the above amount of funds to the applicant named above. NOV 22 2010 Date		
United States Bankruptcy Judge		

78 pcd

Filed

SEP 15 2010

Benton County Circuit Court
Corvallis, Oregon

Entered 03

IN THE CIRCUIT COURT OF THE STATE OF OREGON FOR BENTON COUNTY

In the Matter of the Estate of

Case No.

1040138

SUSAN MARGARET ANDERSON,

**AFFIDAVIT OF CLAIMING
SUCCESSOR OF SMALL INTESTATE
ESTATE**

Deceased.

STATE OF CALIFORNIA)
County of San Francisco) ss.

I, Randy K. Manwell, being first duly sworn, say that I am the decedent's son and
a claiming successor to the decedent's estate. I am hereinafter referred to as "Affiant."

This Affidavit is made pursuant to ORS 114.505-114.560.

1

The name, post office address, domicile and social security number of the
decedent are as follows:

Name: Susan Margaret Anderson

Date of Birth: [REDACTED] Age: 65

Post office address: 68099 Au Street, Apt. #9
Waialua, HI 96719

Domicile: Corvallis, Linn County, Oregon

Place of death: Benton County, Oregon

Social Security Number [REDACTED] 7

I hereby certify this copy to be a true and correct
copy of the original now on record in the
TRIAL COURT ADMINISTRATION
Benton County Circuit Court
Corvallis, Oregon



2

Decedent died on August 18, 2007. A certified copy of her death certificate is attached as Exhibit 1.

3

The decedent's property subject to administration in Oregon and the value thereof is as follows:

A. Unclaimed funds being held by US Bankruptcy Court District of Hawaii \$18,914.00

4

No Application or Petition for the appointment of a Personal Representative has been granted in Oregon.

5

Reasonable efforts have been made to identify and locate all heirs of the decedent. The names, relationships and addresses of decedent's heirs are as follows:

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>ADDRESS</u>
Randy Manwell	Son	1445 Oak St., #5 San Francisco, CA 94117
Nicole Manwell	Daughter	310 N 46 th St., #404 Seattle, WA 98103
Sean Manwell	Son	1432 Liholiho St., Apt. 1 Honolulu, HI 96822

6

A copy of this Affidavit, showing the date of filing will be mailed to each heir at the addresses set forth above.

///

7

The interest in decedent's property described in the Affidavit to which each heir is

entitled is: Randy Manwell 1/3

Nicole Manwell 1/3

Sean Manwell 1/3

8

Reasonable efforts have been made by the Affiant to ascertain creditors of the estate. The expenses of and claims against the estate remaining unpaid or on account of which the Affiant or any other person is entitled to reimbursement from the estate, including any known or estimated amount thereof, and the name and address of each creditor, as known to the Affiant are:

1. Thorp, Purdy, Jewett, Urness & Wilkinson
1011 Harlow Road, Suite 300
Springfield, OR 97477

Estimated expenses of administration approximately: \$2,000.00

9

A copy of this Affidavit showing the date of filing will be mailed to the Oregon Department of Human Services, Estate Administration Unit, P.O. Box 14021, Salem, OR 97309-5024.

10


Claims against the estate not listed in this Affidavit or in amounts larger than those listed herein may be barred unless:

(a) A claim is presented to the Affiant within four months of the filing of the Affidavit at 1011 Harlow Road, Suite 300, Springfield, OR 97477; or

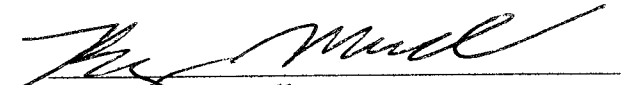
(b) A Personal Representative of the estate is appointed within the time allowed under ORS 114.555.

The address for the purposes of presenting a claim to the Affiant is: Randy Manwell, c/o 1011 Harlow Road, Suite 300, Springfield, OR 97477.

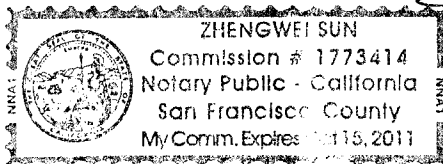
DATED this 9th of September, 2010.

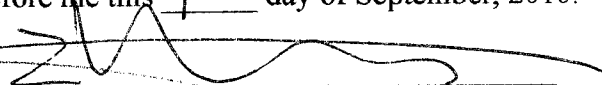

Randy K. Manwell

I, Randy Manwell, being first duly sworn say that I am the Affiant in the above-entitled matter, that I have read the foregoing Affidavit, know the contents therein and the same are true as I verily believe.


Randy K. Manwell

SUBSCRIBED AND SWORN to before me this 9th day of September, 2010.




Notary Public for California
My Commission Expires: Oct 15, 2011

Prepared by:

John C. Urness; OSB #83341
Email: jurness@thorp-purdy.com

Affiant:

Randy K. Manwell
1445 Oak St., #5
San Francisco, CA 94117
Telephone: (415) 519-2665

CERTIFICATION OF VITAL RECORD

SEP 1

OREGON DEPARTMENT OF HUMAN SERVICES CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

136-

Benton County Circuit Court
Corvallis, Oregon

H 78860
I.D. TAG NO

STATE FILE NUMBER

1. Legal Name (Include AKAs, if any) First: Susan Middle: Margaret Last: Anderson Suffix:				2. Death Date (MM/DD/YYYY) August 18, 2007	
3. Sex (M/F) Female	4a. Age - Last Birthday 65	4b. Under 1 Year Months: Days:	4c. Under 1 Day Hours: Minutes:	5. Social Security Number 9007	6. County of Death Benton
7. Birth Date (MM/DD/YYYY) 1941	8a. Birthplace (City/Town, or County) Fresno		8b. (State or Foreign Country) California		9. Decedent's Education Master's Degree
10. Was Decedent of Hispanic Origin? (Yes or No. If yes, specify) No			11. Decedent's Race(s) White		12. Was Decedent Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
13. Residence: Number and Street (e.g., 824 SE 5th Street, Apt. No. 8) 68099 Au Street Apt #9			14. City/Town Waialua		18. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
15. Residence County Hi		16. State or Foreign Country Hawaii		17. Zip Code + 4 96719	
19. Marital Status at Time of Death Divorced			20. Spouse's Name (If married or widowed, give name prior to first marriage.)		
21. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE "RETIRED") Child Psychologist			22. Kind of Business/Industry (DO NOT USE COMPANY NAME.) Mental Health		
23. Father's Name (First, Middle, Last, Suffix) Andy Anderson			24. Mother's Name Prior to First Marriage (First, Middle, Last) Muri Higley		
25. Informant's Name Randy K. H. Maxwell		26. Telephone Number 415-519-2665	27. Relation to Decedent Son	28. Mailing Address (Number & Street, City/Town, State, Zip + 4) 1445 Oak Street Apt #5, San Francisco, CA 94117	
29. Place of Death Hospital Inpatient		30. Facility Name Good Samaritan Regional Medical Center			
31. Location of Death (give address) 3600 NW Samaritan Drive		32. City/Town or Location of Death Corvallis		33. State OR	34. Zip Code + 4 97330
35. Method of Disposition Cremation		36. Place of Disposition (Name of cemetery, crematory, or other place) Oakleaf Crematory		37. Location Salem, Oregon	
38. Name and Complete Address of Funeral Facility (Number & Street, City/Town, State, Zip + 4) Twin Oaks Funeral Home 34275 Riverside Drive Albany, Oregon 97321					
39. Date of Disposition (MM/DD/YYYY)		40. Funeral Director's Signature <i>Mike Tawell</i>		41. OR License Number 3650	
42. Registrar's Signature <i>Mancy Anderson, Deputy</i>		43. Date Received (MM/DD/YYYY) August 22, 2007		44. Local File Number 416	
45. Record Amendment					

46. Was case referred to Medical Examiner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		47. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		48. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		49. Time of Death 12:20 PM	
CAUSE OF DEATH (See instructions and examples.)							
50. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT ENTER TERMINAL EVENTS such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.						Approximate Interval: Onset to Death	
Final disease or condition resulting in death → Sequentially list conditions, if any, leading to the cause listed on line a. ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death). 51. Other significant conditions contributing to death, but not resulting in the underlying cause given above:						IMMEDIATE CAUSE → a. Due to (or as a consequence of) ↓ b. Due to (or as a consequence of) ↓ c. Due to (or as a consequence of) ↓ d. Due to (or as a consequence of) ↓ BREAST CANCER. 17 years.	
52. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		53. If Female <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death		54. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		58. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
55. Date of Injury (MM/DD/YYYY)		56. Time of Injury		57. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)			
59. Location of Injury (Number & Street, City/Town, State, Zip + 4)							
60. Describe how injury occurred.				61. If transportation injury, specify. <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
62. Name and Address of Certifier (Number & Street, City/Town, State, Zip + 4) Stephen V. Neville 3680 NW Samaritan Drive, Corvallis, Oregon 97330							
63. Name and Title of Attending Physician if Other than Certifier							
64. Title of Certifier M.D.		65. License Number 0011234		66. Date Certified (MM/DD/YYYY) 8/21/2007			
67. Medical Certifier - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.				68. Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.			
69. Record Amendment							

ORIGINAL - VITAL RECORDS COPY

45-2 (01/06)

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE BENTON COUNTY REGISTRAR.

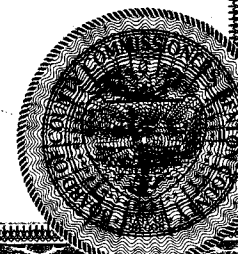
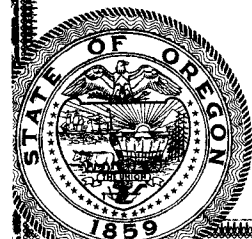
DATE ISSUED:

AUG 22 2007

U.S. Bankruptcy Court - Hawaii #05-02983 Dkt #90 Filed 11/22/10 Page 8 of 13

Exhibit 1

Tom Eversole
TOM EVERSOLE
COUNTY REGISTRAR
BENTON COUNTY, OREGON



**EIN Assistant**

Your Progress: 1. Identity 2. Authenticate 3. Addresses 4. Details 5. EIN Confirmation

Congratulations! The EIN has been successfully assigned.

EIN Assigned: **27-6872356**

Legal Name: **SUSAN MARGARET ANDERSON ESTATE**

The confirmation letter will be mailed to the applicant. This letter will be the applicant's official IRS notice and will contain important information regarding the EIN. Allow up to 4 weeks for the letter to arrive by mail.

We strongly recommend you print this page for your records.

Click "Continue" to get additional information about using the new EIN.

Continue >>

Help Topics

? [Can the EIN be used before the confirmation letter is received?](#)

AUTHORIZATION

Re: Estate of Susan Margaret Anderson
Decedent's Social Security No. [REDACTED]
Estate's Tax Identification No.


I am the court-appointed Claiming Successor of the Estate of Susan Margaret Anderson. This is my authorization for you to furnish whatever information is requested by my attorneys. You are further authorized to act under the instructions of my attorneys, including, but not limited to, releasing funds, releasing documents or financial records, and redeeming, liquidating or distributing assets or benefits.

If my attorneys request you to furnish them with an acknowledgment that assets have been transferred or distributed, you are authorized to provide that acknowledgment. Additionally, you are authorized to provide my attorneys with duplicate account statements if they request such statements.

A copy of this authorization shall have the same force and effect as the original.

Attorneys for the Estate are: Thorp, Purdy, Jewett, Urness &
Wilkinson, P.C.
1011 Harlow Road, Suite 300
Springfield, OR 97477
Telephone: (541) 747-3354
Telecopy: (541) 747-3367
Contact Persons: John C. Urness, Attorney,
and/or Karen Dudley, Paula Peterman, Carlene Carter
Probate Paralegals

Yours truly,



Randy K. Manwell
Claiming Successor

<i>Trustee's Name, Address, Phone, Fax, Email:</i> SANDRA J. LOOMIS P.O. BOX 240937 HONOLULU, HI 96824-0937 Phone: (808) 377-5214 Email: sloomis@hawaii.rr.com	UNITED STATES BANKRUPTCY COURT DISTRICT OF HAWAII
Debtor(s): SUSAN MARGARET ANDERSON	Case No.: 05-02983 Chapter 7
NOTICE OF DEPOSIT OF UNCLAIMED FUNDS	
Total funds being deposited with the court pursuant to Fed. R. Bankr. P. 3011: This amount represents unclaimed funds on the claim(s) listed below.	\$ 18,914.00

[List claimants for unclaimed funds below - attach continuation sheets if necessary.]

<i>Claim No.</i>	<i>Claimant Name and Address</i>	<i>Amount</i>
Exemption	Decedent Estate of Susan Anderson Last address: 68-099 Au St., #9 Waialua, Hawaii 96791	\$ 18,914.00
Dated: June 16, 2009		/s/ <u>SANDRA J. LOOMIS</u> Trustee

Case number	Name	City, State Zip	Amount
86-00145	DAVIDSON, ROBERT H.		116.44
86-00145	DAVIDSON, RONALD G.		57.62
76-00192	DAVIS, DOROTHY	WAIANAE, HI 96792	1.77
76-00192	DAVIS, ELIZABETH	KAILUA-KONA, HI 96740	2.12
86-00145	DAVIS, GABRIELLE		116.44
86-00145	DAVIS, JACK E.		116.44
86-00145	DAVIS, JORDAN H.		116.44
76-00192	DAVIS, MATHELDA	WAIANAE, HI 96792	0.35
86-00145	DAVIS, WILLIAM HARLAN		116.44
99-01985	DAY, ESQ., DAVID	HONOLULU, HI 96813	356.18
94-00777	DAYOAN, DARRELL/JANET	HONOLULU, HI 96822	6.83
86-00145	DCFB, INC. DBA CARDILLO DESTINATIONS,		89.06
92-00865	DE LONG, HARRIET		2.75
86-00145	DE MATOFF, JAMIE		19.21
86-00145	DEATON, ROBERT SCOTT		87.33
05-02983	DEC ESTATE OF SUSAN ANDERSON,	WAIALUA, HI 96791	18,914.00
86-00145	DECAMP, EDWARD R.		116.44
85-00350	DECKER, MR/MRS FRED A	HONOLULU, HI 96814	24.09
83-00132	DEE OF CALIFORNIA,	LOS ANGELES, CA 90011	3.59
85-00273	DEHAVILLAND CANADA, INC.,	EAST POINT, GA 30344	268.47

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